

215037227  
59956

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 047	Agency Case No. B5-084139	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1								
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/11/2015		TIME OF ACCIDENT 1457	STATE USE ONLY									
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1459	09/11/2015									
B	70	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N. Cotner Blvd./R St.			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE								
D	1	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY N. Cotner Blvd./R St.												
V1/M	03	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN												
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN								
E	1	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b								
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO														
VEHICLE NO. 1														
F	1	DRIVER LICENSE NO.	G02144253	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/N	2	DRIVER	LOIS J TROY	PHONE	402-770-6446	LOCAL NO.								
V2/N	2	DRIVER ADDRESS	7340 S 75TH ST, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	10/22/1952								
G	2	OWNER	LOIS J TROY	PHONE	402-770-6446	LOCAL NO.								
H	5	OWNER ADDRESS	7340 S 75th St., Lincoln, NE 68516	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB482477								
V1/O	2	LICENSE PLATE PA NO.	SEU365	YEAR (Plate Expires)	2016	STATE (Of Plate) NE								
V2/O	2	VEHICLE	2007	MAKE	Honda	MODEL	RXL	BODY STYLE	Medium/large	COLOR	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000		
V1/O	2	VEHICLE ID NO. (VIN)	JHLRE487X7C029289	INSURANCE COMPANY			Farmers							
V2/O	2	TOWED TO	Troy Automotive	TOWED BY	Wiester Towing	POLICY NO.	AU230112							
VEHICLE NO. 2														
I	1	DRIVER LICENSE NO.	L792155899418	STATE (Of License)	MN	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE								
V1/P	1	DRIVER	Sophie A Lebewitz	PHONE	763-477-1508	LOCAL NO.								
V2/P	1	DRIVER ADDRESS	13320 32nd Ave. N, Plymouth, MN 55441	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	04/22/1995								
J	01	OWNER	Jon Lebewitz	PHONE	763-245-0087	LOCAL NO.								
K	02	OWNER ADDRESS	10205 Greenbriar Rd. #3, Minnetonka, MN 55305	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.								
V1/Q	1	LICENSE PLATE NO.		YEAR (Plate Expires)		STATE (Of Plate)								
V2/Q	1	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 5000
V1/Q	1	VEHICLE ID NO. (VIN)		INSURANCE COMPANY			State Farm							
V2/Q	1	TOWED TO	Anderson Ford 27/Yankee Hill	TOWED BY	Capital Towing	POLICY NO.	1921384D2423A							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)														
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F					

# THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

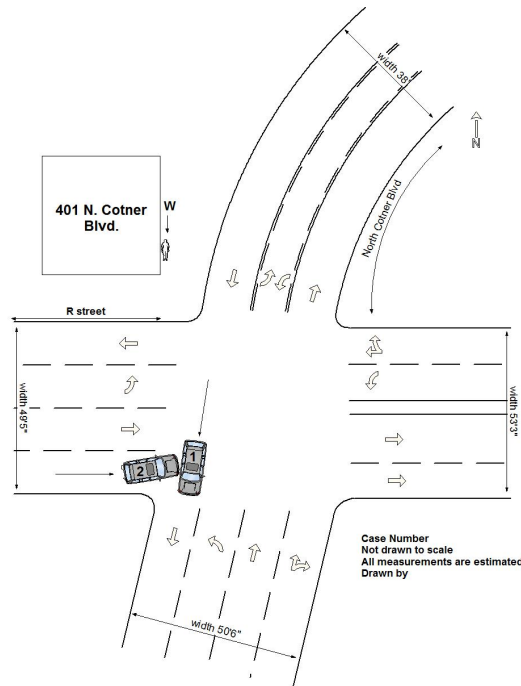
AGENCY CASE NO.  
B5-084139



Indicate  
North  
by Arrow

Measurements Approximate  
Not To Scale

POI-  
6' N of S curb of R St.  
9' E of W curb of N. Cotner Blvd.



## DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 was traveling SB on N. Cotner Blvd. in the through traffic lane. D1 said she entered the intersection of N. Cotner Blvd./R St. but doesn't know what color light she had. D1 said she collided with D2 vehicle but is not sure how it really happened. D2 was traveling EB on R St. in the outside through traffic lane. D2 said her light had just turned green and she attempted to proceed through the intersection of N. Cotner Blvd./R St. D2 said her vehicle was struck by D1 vehicle. D2 said it seemed like the vehicle came out of nowhere and she did not see the other vehicle. Witness lives at 401 N. Cotner Blvd. Witness was standing on her porch when she observed the accident. Witness advised that D1 proceeded through the intersection on a red light and struck D2 vehicle which had a green light.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Samira Ibrahim	ADDRESS 401 N. Cotner Blvd., Lincoln, NE 68505	PHONE 402-853-8303		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS								
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)															
1		X			N. Cotner Blvd.								2				2				VEH 1			
2			X		R St.								4				2				VEH 2			
1	01				06 Turning left				VEHICLE 1				VEHICLE 2				ALCOHOL TESTING				VEH 1			
2	01				08 Making U-turn				POINT OF IMPACT				POINT OF IMPACT				ALCOHOL LEVEL TESTED				VEH 2			
					09 Entering traffic lane				MOST DAMAGED AREA				MOST DAMAGED AREA				BAC LEVEL							
					09 Leaving traffic lane				03				08				ALCOHOL/DRUGS SUSPECTED				Driver No. 1			
					10 Parked				08				08				1				Driver No. 2			
					11 Slowing or stopped in traffic				03				08				2				1			
					12 Other				08				08				3				2			
					13 Unknown				08				08				4				3			
									08				08				5				4			
									08				08				6				5			
									08				08				7				6			
									08				08				8				7			
									08				08				9				8			
									08				08				10				9			
									08				08				11				10			
									08				08				12				11			
									08				08				13				12			
									08				08				14				13			
									08				08				15				14			
									08				08				16				15			
									08				08				17				16			
									08				08				18				17			
									08				08				19				18			
									08				08				20				19			
									08				08				21				20			
									08				08				22				21			
									08				08				23				22			
									08				08				24				23			
									08				08				25				24			
									08				08				26				25			
									08				08				27				26			
									08				08				28				27			
									08				08				29				28			
									08				08				30				29			
									08				08				31				30			
									08				08				32				31			
									08				08				33				32			
									08				08				34				33			
									08				08				35				34			
									08				08				36				35			
									08				08				37				36			
									08				08				38				37			
									08				08				39				38			
									08				08				40				39			
									08				08				41				40			
									08				08				42				41			
									08				08				43				42			
									08				08				44				43			
									08				08				45				44			
									08				08				46				45			
									08				08				47				46			
									08				08				48				47			
									08				08				49				48			
									08				08				50				49			
									08				08				51				50			
									08				08				52				51			
									08				08				53				52			
									08				08				54				53			
									08				08				55				54			
									08				08				56				55			
									08				08				57				56			
									08				08				58				57			
									08				08				59				58			
									08				08				60				59			
									08				08				61				60			
									08				08				62				61			
									08				08				63				62			
									08				08				64				63			
									08				08				65				64			
									08				08				66				65			
									08				08				67				66			
									08				08				68				67			
									08				08				69				68			
									08				08				70				69			
									08				08				71				70			
									08				08				72				71			
									08				08				73				72			
									08				08				74				73			
									08				08				75				74			
									08				08				76				75			
									08				08				77				76			
									08				08				78				77			
									08				08				79				78			
									08				08				80				79			
									08				08				81				80			
									08				08				82				81			
									08				08				83				82			
									08				08				84				83			
									08				08				85				84			
									08				08				86				85			
									08				08				87				86			
									08				08				88				87			
									08				08				89				88			
									08				08				90				89			
									08				08				91				90			
									08				08				92				91			
									08				08				93				92			
									08				08				94				93			
									08				08				95				94			
									08				08				96				95			
									08				08				97				96			
									08				08				98				97			
									08				08				99				98			
									08				08				100				99			

OFFICER NO. 1742	TROOP/TEAM/BEAT 11	DEPARTMENT Lincoln Police Department	Photographs taken? YES NO
INVESTIGATOR NAME (Print or Type) Matthew Gilleland		INVESTIGATOR SIGNATURE Approved by Matthew Gilleland	DATE OF REPORT 09/11/2015